

rupted attempts; each interruption forwards follows a shorter backward one, and may be compared to some forms of tremor. This condition, the author remarks, belongs to the group of post-hemiplegic chorea and athetosis. Benedict calls it the "trill spasm." (*Triller-Krampf—Centralblatt für Nervenheilkunde, Psychiatrie, etc., Oct. 15th, 1887, No. 20.*)

N. E. B.

ON THE RELATIONS OF BODY-WEIGHT IN THE PERIODICAL PSYCHOSES. Dr. W. Stark, of Illman—*Allgemeine Zeitschrift für Psychiatrie, etc.*

The author, by constructing a series of co-ordinates, the space between whose vertical lines represented the mouth, and between whose horizontal lines the weight in an ascending scale, was enabled to present a graphic account of the changes of the body weight resulting in the various emotional conditions of exaltation and depression, and in the interval occurring in twelve cases of periodical insanity, six of which were suffering from the circular form of alienation. These patients, all females, were under observation for a period extending between three and five years, and varied in age from 18 to 59 years, in height from 1.54 to 1.69 m., and in average weight from 51 to 89 k. He derives the following general conclusions therefrom, a few of which are here given:

1. The more severe and protracted the paroxysm, whether maniacal or depressive, the quicker and deeper was the descent of the curve.
2. The longer and uncomplicated the interval, the higher and quicker the curve arose.
3. Descent and ascent occurred the most rapidly in the beginning of the paroxysms and of the intervals.
4. When two paroxysms of different characters follow each other, the negative deviation of the curve remains more or less unmoved.
5. Repeated paroxysms force the entire curve *niveau* sharply downwards.
6. Short attacks and small intervals do not materially influence the nerve movements of the curve resulting therefrom.

7. Developmental periods of the individual, as puberty and the climacteric are represented in the excursive magnitude of the curve.

N. E. B.

EARLY SIGNS OF LOCOMOTOR ATAXIA.

Observations made on one hundred and seventeen cases of locomotor ataxia by Dr. Max Karger, of Berlin, give the following results concerning the early symptoms of this disease, at the stage when treatment may be rational and satisfactory. In fifty-three per cent. of the cases there was a history of syphilis. There were symptoms affecting sensation, lacinating pains, numbness, especially of the lower extremities, cord-like sensations about the waist, retardation of the rate of conduction of sensations, and Romberg's symptom, which the observer does not consider due to the ataxia, but thinks it an abnormal condition of sensation. Dr. Karger finds at the commencement of the disease diminution in the acuteness of vision, and a concentric contraction of the field, amblyopia and amaurosis, due in thirty-five per cent. of the cases to optic nerve atrophy. Slight and transitory paralyses of eye-muscles were also present. Insensibility of the pupil to light was found in sixty-six per cent. of the cases, due sometimes to a paralyzed condition of the sphincter, and sometimes to disturbances of reflex action. Patellar reflex was present in eight of the one hundred and seventeen cases examined. Bladder reflex was often diminished, suggesting tabes as the cause of chronic vesical disease of unknown origin. Impotence was more common than any sexual reflex; and gastric and cephalic "crises," and joint affections rarely noted.

L. F. B.

THOUGHTS ON INSANITY.

The elements of continuance and decay are identical. Conditions determine evolution or dissolution, integration or disintegration, development or degeneration. Function is the essence of vital existence. But function works destruction of its organic basis, even as it works its evolution.